

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90313 044 ***150.00

DOCUMENT # P01000072216

1. Entity Name
BULLDOG EXPRESS SHUTTLE, INC.



Principal Place of Business
271 EWING CT
FT WALTON BCH FL 32548

Mailing Address
271 EWING CT
FT WALTON BCH FL 32548



2. Principal Place of Business

1668 Parkside Circle

Suite, Apt. #, etc.

3. Mailing Address

1668 Parkside Circle

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Niceville, Florida

City & State
Niceville, Florida

4. FEI Number **59-3734176**

Applied For
Not Applicable

Zip
32578

Country
USA

Zip
32578

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PKWY
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name **Fleet, H. Bart**
Street Address (P.O. Box Number is Not Acceptable) **1104 Eglin Parkway**
City **Shalimar** **FL** **Zip Code** **32579**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **THORNTON, MERRYL**
STREET ADDRESS **271 EWING CT**
CITY-ST-ZIP **FT WALTON BCH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Thornton, Meryll**
STREET ADDRESS **1668 Parkside Circle**
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Meryll J. Thornton** **Director** **Meryll J. Thornton** **3/28/03 (850) 897-2928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)